

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530 P62

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1			1		
6	1			1		
7	1			1		
8	1		1			
9	1		1			
10	1		1			
11		3		1		
12	1		1			
13	1			1		
14	1			1		
15	1		1			
16	1		1			
17	1		1			
18	1			1		
19	1		1			
20	3		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	3		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			24			
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						